



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E249838**

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0 1 29

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FROM TO
1 5 33

FROM TO
34

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37

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40

1 41

1 42

INTERSTATE <input type="checkbox"/>	CITY STREET <input checked="" type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

CASE #	13-01430
LOCAL AGENCY CODING	
TOTAL # OF UNITS	02
OBJECT STRUCK	

TRIBAL RESERVATION			
DATE OF COLLISION	06 - 12 - 2013		
TIME (2400)	0730		
COUNTY #	31		
MILES			
CITY #	0664		
N S	E W	IN OF	<input checked="" type="checkbox"/>

ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input type="checkbox"/>	NON-INTERSECTION <input checked="" type="checkbox"/>
113TH AVE NE	BLOCK NO. <input checked="" type="checkbox"/>	3200
	MILE POST	

DISTANCE	100	00	MILES	N <input type="checkbox"/>	E <input type="checkbox"/>	OF (REFERENCE OR CROSS STREET)
			FEET	S <input checked="" type="checkbox"/>	W <input checked="" type="checkbox"/>	32ND ST NE

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE D: 4255305726
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LAST NAME	THIBOU	FIRST NAME	JAQUES	MIDDLE INITIAL	K
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STREET NEW ADDRESS <input checked="" type="checkbox"/>	9714 50TH AVE NE
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CITY	MARYSVILLE	ST	WA	ZIP	98270
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ODL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	THIBOJK058DH	STATE	WA	SEX	M	D.O.B.	03 - 08 - 1995
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	INJURY CLASS	1	NATURE OF INJURIES
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LICENSE PLATE #	381VMU	STATE	WA	VIN#	1FAFP56225A303851
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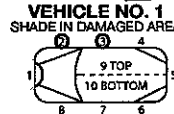
TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	2005	MAKE	FORD	MODEL	TAURUS	STYLE	4D	VEHICLE TOWED YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	TOWED BY	SPEEDWAY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO.	DANE MAY 9714 50TH AVE NE MARYSVILLE WA 98270
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LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	GMAC 20013805615 5/13
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE
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LAST NAME	UNKNOWN	FIRST NAME		MIDDLE INITIAL	
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STREET NEW ADDRESS <input type="checkbox"/>	
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CITY		ST		ZIP	
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ODL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #		STATE		SEX	U	D.O.B.	
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	9	RESTR.	9	EJECT	9	HELMET USE	INJURY CLASS	0	NATURE OF INJURIES
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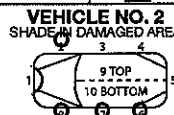
LICENSE PLATE #	396WZJ	STATE	WA	VIN#	2FMDK49CX7BA7455
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	2007	MAKE	FORD	MODEL	EDGE SE	STYLE		VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO.	NATHAN ANDREWS 3923 121ST DR NE LAKE STEVENS WA 98268 D: 4267642889
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LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	ALLSTATE 9073601430518
VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
OFFICER'S NAME (PRINT)	BADGE OR ID #	AGENCY
BOB SUMMERS	079	WA0311900





STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E249838**

CASE # **13-01430**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME
(LAST, FIRST, MIDDLE INITIAL)

JONES RAND

ADDRESS & PHONE #

315 5TH AVE S #200 SEATTLE WA 98104 3605610440

SEX

U

D.O.B.

MMDDYYYY

PASSENGER ☐

WITNESS ☒

UNIT #

SEAT
POS.

AIRBAG

RESTR.

EJECT

HELMET
USE

INJURY
CLASS

NATURE OF INJURIES

NAME
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.

MMDDYYYY

PASSENGER ☐

WITNESS ☐

UNIT #

SEAT
POS.

AIRBAG

RESTR.

EJECT

HELMET
USE

INJURY
CLASS

NATURE OF INJURIES

NAME
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.

MMDDYYYY

PASSENGER ☐

WITNESS ☐

UNIT #

SEAT
POS.

AIRBAG

RESTR.

EJECT

HELMET
USE

INJURY
CLASS

NATURE OF INJURIES

NARRATIVE

On 06-12-13 at 0736 hours I responded to a collision where a vehicle hit a parked vehicle and it was partially blocking. I arrived at the location and saw a white vehicle unit #1 in the roadway partially blocking the entrance into Highland Elementary School. The vehicle right front tire was off the vehicle and laying in the front grass of the school.

Unit #1 stated he was at a all night graduation party and dozed off and collided with parked vehicle unit #2 which was unoccupied on the road shoulder infront of the school. The vehicle front tire hit unit #2 on the driver side and continued about 50 feet to where in rested on the roadway. Unit #1 sustained front passenger wheel well and tire/rim damage and Unit #2 sustained left driver side body damage. Unit #2 also had a right tire rim that was pushed into the curb resulting in damage.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

BOB SUMMERS

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

06-12-13 01:15 PM

DATED

PLACE SIGNED

APPROVED BY

BOB SUMMERS 079

DATE

6/12/2013 1:50:02 PM

BADGE OR ID #

079

ORI #

WA0311900

TIME POLICE DISPATCHED

7:36 AM

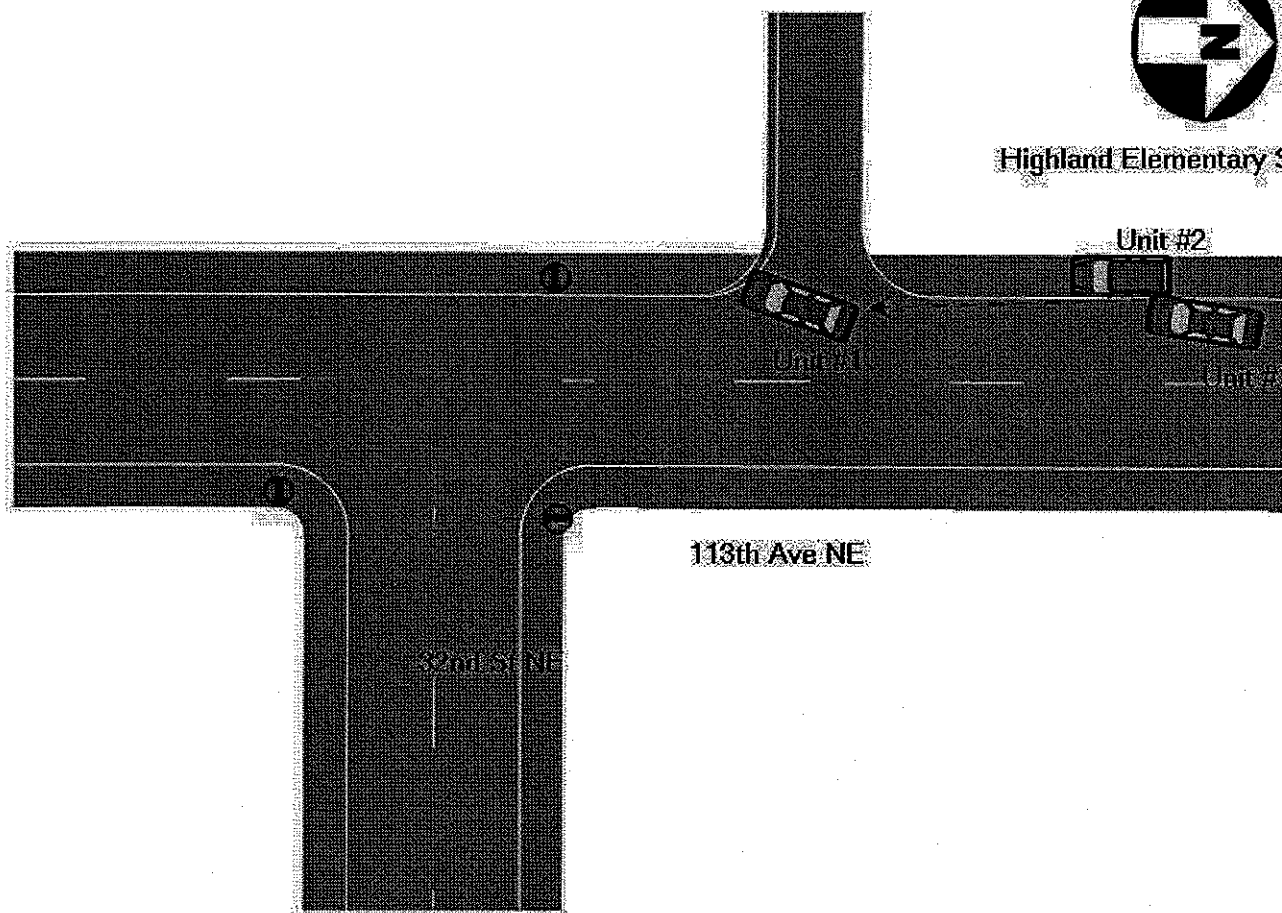
TIME POLICE ARRIVED

7:44 AM



Highland Elementary School

Unit #2



Incident History for: #SS13013145

Case Numbers: \$SS13001430

Entered 06/12/13 07:34:08 BY SPDF25 SP0204
Dispatched 06/12/13 07:36:20 BY SPSC40 SP0345
Enroute 06/12/13 07:36:20
Onscene 06/12/13 07:44:53
Closed 06/12/13 08:35:05

Initial Type: ACC Initial Alarm Level: Final Alarm Level:

Final Type: ACC (ACCIDENT, NON-INJURY OR UNKNOWN) Pri: 2 Dispo: H

Police BLK: SS001E Fire BLK: AG1719 Map Page: 377H-4 Group: SS1 Beat: NORT

Src: T

Loc: 3220 113 AV NE ,LKS -- HIGHLAND ES ,LKS btwn 31 PL NE & 36 ST NE (V)

Loc Info:

Name: JONES, RAND

Addr:

Phone: 3605610440

/0734 (SP0204) ENTRY ,2 VEH, NONINJ, PART BLKING, FORD TAURUS VS PARK
ED CAR
/0734 (SP0345) AGCADV ,BOLO'D
/0736 VIEWED
/0736 DISPER SS1912 #SS79 SUMMERS,SGT (ROBERT)
/0744 (SP0349) ONSCNE SS1912
/0748 ASNCAS SS1912 \$SS13001430
/0752 REMINQ SS1912 WANT,1912,,,,,,MAY,JAQUES,K,1995,03,08,,,,,4
/0752 REMINQ SS1912 WANT,1912,,,,,,MAY,JAQUES,K,1995,03,08,,,,,
/0758 ROTREQ SS1912 TOW 5348 LKS SPEEDWAY TOWING INC
3605635630
/0807 ASSTOS SS1933 [3220 113 AV NE ,LKS]
#SS102 PLANALP,OFFICER (DANIEL)
/0823 \$PREMPT SS1933
/0835 CLEAR SS1912 D/H
/0835 CLOSE SS1912

LSPD
ORIGINAL